



326212

Denise

CRL REVIEW OF ENFORCEMENT CASES - CHECKLIST

BACKGROUNDInterstate Pollution Control

Facility/Case/Site Name

Rockford, IL

Facility/Case/Site Location

SFD

Program

Data Set Numbers: [SF609], 82CG, CB13 / GLS 6/24/00Sample receipt or analyses dates: [various] Type of Analysis: Organics, Inorganics**PRIORITY** DOJ/Program Office Priority List?: NO ; Hot / Priority: No**SAMPLE RECEIVING LOG REVIEW**

1. Receiving Log in/out Name(s): A. Qutub, E. King, P. Parikh,
2. Data Set Number(s) Reviewed: SF609 not at CRL data room.

DATA SET(S) REVIEW

1. Data Sets where Analyst identified: Data Set #: Not Available for Review
Analyst Name(s) (CJ/AK/KM/RK/Other): _____ (CRL)
2. Sample Preparation Records? None available for review
Preparation Staff Name(s) (CJ/AK/KM/RK/Other): _____ (CRL)
3. QA Review of CLP Data? NO
QA Reviewer Name(s): (CJ/AK/KM/RK/Other): _____ CRL /ESAT
4. Other CRL/ESAT Involvement (Describe): None
Who? _____
5. Conclusion (Statement about findings): None of the datasets were still in the CRL data room. The datasets either were archived or destroyed.

REVIEW COMPLETION AND PROGRAM NOTIFICATIONM. Adkins
(Reviewer)6/14/00
Date

Please look for following forms

CRL Data:

1. Data Package Transmittal Form
2. Data Summary Sheet
3. Sample Preparation Form
4. Sample Analysis
5. Data narrative (Case Narrative)

CLP Data:

6. Validation (Review)

Look for Following Names

- Names: CRL 1. Chacko T. Joseph (CJ or TCJ)
 2. Amberina Khan (AK)
 ESAT 3. Krystina Minczuk (KM)
 4. Robert Kuhajda (RK)

Look for the following part in Organic or Inorganic.

Organic:

1. VOA
2. ABN or SVOA
3. PCBs/Pesticides

Inorganic:

1. ICP (or ICAP) Metals
2. Metals (GFAA Metals)
3. Mercury (Hg)
4. Cyanide (CN)
5. Other assorted tests

Biology:

1. Asbestos
2. Acute Toxicity Tests
3. Chronic Toxicity Tests
4. Microbiology (Fecal Coliforms)

CRL REVIEW OF ENFORCEMENT CASES
CHECKLIST

Interstate Pollution Control
Facility/Case Name
Rockford, Illinois
Facility Location

Case Number: _____
Docket Nos. _____

Case has Analytical Data associated with claims: YES _____ NO ☒
IF YES, CONTINUE. IF NO STOP.

Claims only based on Respondent's YES _____ NO _____
or defendant's Analytical Data

Data generated at the CRL YES _____ NO _____
Associated with Case Claims

Check one: CRL Analyst _____ ESAT Analyst (SF) _____
IF YES, MUST FILL OUT DATA REVIEW PACKAGE REQUEST TO CRL

Determination made whether either YES _____ NO _____
Analyst involved?

- A. Not Involved _____ B. Involved _____, and
1. If involved name of analyst:
a. Joseph _____ b. Khan _____
 2. Nature of Involvement:
a. Analyst _____ b. Quality Review _____ 3. Data preparation _____
 3. Dates of Samples: _____
 4. Analytical Parameters involved: _____
 5. Parties and court notified of allegations regarding laboratory fraud by the analysts: YES _____: Date of notification: _____, 1999. Not Applicable: _____

REVIEW AND ANY NECESSARY NOTIFICATION COMPLETED

(Attorney Name) Date: _____

Supervisor Approval Date: _____

DATA GENERATED AT CRL
PROGRAM REVIEW OF FILES

CASE NAME: Interstate Pollution Control CASE Docket #: _____
FACILITY ADDRESS: South central Rockford, northwest of Magnolia Avenue
ASSIGNEE: Jon Peterson

FILES REVIEWED:

A. Administrative indexes reviewed: Yes ☒ No ☐

Source of all data referenced in index identified Yes ☒ No ☐

B. Files at work station reviewed for data: Yes ☒ No ☐

Source of data in site files, decision documents, reports, data packages or reports identified? Yes ☒ No ☐

C. Files at program or federal records center reviewed? YES ☒ NO ☐

If not:

1. Determined all data information already available ☒

2. Files have been ordered or will be ordered: ☒

REVIEW RESULTS:

A. CRL identified as source of analytical data. Yes ☐ No ☒ If YES,

B. Request Made to CRL for Data Package Review YES ☐ NO ☐

1. CRL generated ☐ 2. ESAT (Superfund) generated ☐

C. Targeted analyst identified: YES ☐ NO ☐

IF YES, NAME: _____

1. Dates and data parameters for CRL generated

2. Dates and Data parameters for ESAT generated

Review Completed: Jon Peterson  Date: 9/29/99
Program Case Team Member

Bill Bolen
Program Supervisor Approval

Date: _____